Indiana Statewide 911 Board IC 36-8-16.7

IN911 PROVIDER REMITTANCE FORM

Return completed form to:

Statewide 911 Board

Email: StatewideBoard@IN911.net

Fax: (317) 233-0894

INSTRUCTIONS: 911 surcharges collected by providers are due to the Statewide 911 Board within 30 days of the collection of the surcharge from the customer or within 30 days of the close of each quarter based upon the provider's remittance schedule. Communication Service Providers shall remit all fees via ACH to the Board's account at PNC. For questions regarding the collection or remittance of the 9-1-1 fee, send an email to statewideboard@IN911.net.

Provider:		Account No		
DBA:				
Address:		City:	State:	Zip:
Preparing Agency:		(if prepared by 3 ^t	^d party)
Contact:		Phone:		
Email:				
Providers, as defined by IC 36-78-16.7-19, are Indiana. Pursuant to IC 36-8-16.7, the following considered proprietary information and will not be a second to the second	ng information pertai	ning to the number of	-	•
Report for Filing Period from	through	, 20		
Landline Customers:		<u> </u>		
VOIP Customers:		_		
Wireless Customers:		_		
Total Customers:		_		
Fee:	\$.90)		
Total Collections:	\$			
*Less 1%:	\$	_		
Total Remittance:	\$			
IC 36-8-16.7-33 c A provider may deduct and re to reimburse the direct costs incurred in collect	-		fees that the provid	ler collects from users
By submitting this form, you hereby attest that best of your knowledge. You understand that a liability pursuant to I.C. 36-8-16.7-34.		=		· · · · · · · · · · · · · · · · · · ·